



MISSOURI

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NEWSLETTER

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Message From the President

authored by Robin S. Vogt, PhD, RN, FNP-C
Board President

As we progress into the new year, we are ever aware of the sacrifice the citizens of our country have made in an effort to retain the freedoms we have become so used to and many times take for granted.

Thank you to all who have fought for our country. And our most sincere sympathy for those who have lost loved ones in their efforts. We pray for the safe return of those who are still involved in our protection.

We appreciate the correspondence the Board has received with your thoughts and concerns regarding issues surrounding nurses today. Freedom of speech allows us to express these concerns. Thanks to the Arthur Davis Publishing Company in helping to keep our nurses informed by providing our newsletter at no cost to the Board.

Each and every nurse has the right to speak, and your input on nursing issues today can impact decisions made at every level. I encourage you to find out about issues that might affect your practice. Don't rely on my word or other organizations' words on topics that affect you. Research things for yourself so you can be knowledgeable on how you could be impacted. Identify the pros and cons and derive at the decision, good or bad, regarding the issues at hand.

Keep abreast of legislative issues that affect nursing. You are welcome to e-mail the Board office for information of legislation being monitored that affects nursing practice and the safety of our patients.

INFORMATION TIDBITS:

Like the individual Boards, the National Council of State Boards of Nursing is in place for the safety of patients as well. There have been recent questions regarding telenursing, phone triage, etc. The practice of nursing is defined as "where the patient is." With the advancement



Vogt

in technologies, many nurses are now counseling, phone assessing, etc., patients from other states. Currently, if you are speaking with a patient in another state, you need to have a nursing license in that state.

This year we will do paper renewals for the LPN cycle. It is our expectation to have online renewal for the next year (RN renewals). The Board of Nursing is working with the Department of Health on the implementation of an online volunteer list for Bioterrorism/Emergency response. This requires technology changes. The funding for this project will not be from licensure fees, but has been allocated from a grant.

Projection of funds, at this time, indicate there will be no licensure fee increases through fiscal year 2008. This, of course, is providing there are no new, unexpected costs or transfers. As discussed before, the Board is allocated funds for operating costs, and transfers are made to other agencies including PR (Division of Professional Registration), the Department of Economic Development, and the Office of Administration for administrative services under our current government system.

This year Missouri will host the annual meeting for the National Council of State Boards of Nursing in Kansas City, Missouri, on August 3-6. This is a good opportunity to become educated about issues occurring across the nation. Continue to watch this newsletter to see how to register for this event. The cost of hosting this event will not impact our budget. National Council funds the meeting and donations from sponsors in Missouri and Kansas and registration fees are used for planned events.

Please continue to dialogue with the Board of Nursing regarding issues you would like to be informed about. The Board is making efforts to educate nurses for the prevention of errors in patients with the hope the number of discipline cases will decrease. There are plans to focus on root cause of errors made considering staffing, hours worked, and other mitigating circumstances. The TER-CAP (Taxonomy of Error, Root Cause Analysis and Practice Responsibility) research project by National Council has developed a tool to use in evaluating this. Missouri has been a part of this research. We are excited to apply it to our cases to help in the identification of why errors occur.

Missouri State Board of Nursing Legislative Proposals

authored by Lori Scheidt
Executive Director

The 92nd General Assembly convened on Wednesday, January 7, 2004.

It hardly seems possible that another legislative session is upon us. The Board of Nursing received Department of Economic Development permission to pursue three legislative proposals this year. These have been filed as House Bill 1425 by Representative Lanie Black (Republican-District 161). They are:

1) Title protection and APRN legislation

2) Expedited Hearings

3) Certification for Specialty Training

Title Protection and APRN Legislation

This legislation would do the following:

- add the definition of Advanced Practice Registered Nurse (APRN);
- define lapsed license status;
- allow an advanced practice registered nurse (APRN) to have one license with one renewal date rather than two licenses with two separate expiration dates;
- revise 335.017 IV therapy language to represent current terminology;



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- revise 335.049 exemption for those APRNs already recognized;
- add APRN title designation and protection;
- protect the title of "nurse;" and
- add a definition of retired license status.

The proposed language defines APRN as the abbreviation for Advanced Practice Registered Nurse, an umbrella classification for the purpose of regulation. Individuals are licensed as Advanced Practice Registered Nurses in the categories of nurse practitioner, nurse anesthetist, nurse-midwife and clinical nurse specialist. This statute change will allow for a category called Advanced Practice Registered Nurse (APRN) and thereby reduce confusion to the nurse and the public as to who may or may not call themselves an advanced practice nurse.

For consumers, this proposed change:

- preserves access to an important health care alternative;
- maintains consistent minimum qualifications and standards for practice;
- determines who meets those qualifications; and
- improves ability to make an informed selection of health care providers.

For advanced practice nurses, this proposed change:

- provides unequivocal legal authority for practice;
- enhances mobility;
- protects from unqualified use of APN category title; and
- preserves reimbursement eligibility.

This is the actual proposed language. Bold text is new

Proposals cont. on pg. 2

GOVERNOR

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Proposals cont. from pg. 1

text. Text enclosed in brackets is proposed to be deleted. You will find an explanation at the end of each section in italics. This text is an explanation of the preceding section and not part of the language.

334.104 5. Notwithstanding anything to the contrary in this section, a [registered nurse who has graduated from a school of nurse anesthesia accredited by the Council on Accreditation of Educational Programs of Nurse Anesthesia or its predecessor and has been certified or is eligible for certification as a nurse anesthetist by the Council on Certification of Nurse Anesthetists] **registered professional nurse licensed pursuant to chapter 335 and recognized by the Missouri State Board of Nursing as an advanced practice nurse anesthetist** shall be permitted to provide anesthesia services without a collaborative practice arrangement provided that he or she is under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed.

Explanation: This clarifies a change made by House Bill 390 last year. House Bill 390 did not require that a nurse anesthetist be licensed/recognized by the Board of Nursing.

335.016. Definitions. – As used in [sections 335.011 to 335.096] **this chapter**, unless the context clearly requires otherwise, the following words and terms mean:

[(2) “Advanced practice nurse”, a nurse who has had education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for advanced practice nurses established by the board of nursing. The board of nursing may promulgate rules specifying which professional nursing organization certifications are to be recognized as advanced practice nurses, and may set standards for education, training and experience required for those without such specialty certification to become advanced practice nurses;]

(2) “Advanced Practice Registered Nurse (APRN)”, a registered professional nurse licensed pursuant to the provisions of this chapter to engage in the practice of advanced practice nursing within one’s advanced practice clinical nursing specialty area as a nurse practitioner, clinical nurse specialist, nurse anesthetist, and/or nurse midwife and who:

- (a) has successfully completed a nationally accredited graduate or post-graduate advanced practice registered nurse program and earned a graduate degree or post-graduate certificate as a nurse practitioner, clinical nurse specialist, nurse anesthetist, and/or nurse midwife,**
- (b) is currently certified by a board-acceptable nationally recognized certifying body as having an advanced practice clinical nursing specialty area as a nurse practitioner, clinical nurse specialist, nurse anesthetist and/or nurse midwife,**
- (c) is licensed by the board as an advanced practice registered nurse, or**
- (d) who meets other criteria for advanced practice registered nurse licensure established by the board.**

Explanation: This defines an Advanced Practice Registered Nurse (APRN).

(6) “Inactive [nurse”] license status”, as defined by rule pursuant to section 335.061;

(7) Lapsed license status, as defined by rule pursuant to section 335.061;

Explanation: This defines a lapsed license status.

[(7)] **(8) A “licensed practical nurse” or “practical nurse”, a person licensed pursuant to the provisions of [sections 335.011 to 335.096] this chapter to engage in the practice of practical nursing;**

[(8)] **(9) “Licensure”, the issuing of a license to practice advanced practice nursing, professional nursing, or practical nursing to candidates who have met the specified requirements and the recording of the names of those persons as holders of a license to practice advanced practice, professional, or practical nursing;**

This just adds advanced practice nursing as a type of license and type of practice.

[(9)] **(10) “Practical nursing”, the performance [for compensation] of selected acts for the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in normal health processes. Such performance requires substantial specialized skill, judgment and knowledge. All such nursing care shall be given under the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional or advanced practice registered nurse. For the purposes of this chapter, the term, “direction”, shall mean guidance or supervision provided by a person licensed by a state regulatory board to prescribe medications and treatments or a registered professional or advanced practice registered nurse, including, but not limited to, oral, written, or otherwise communicated orders or directives for patient care. When practical nursing care is delivered pursuant to the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional or advanced practice registered nurse, such care may be delivered by a licensed practical nurse without direct physical oversight;**

This includes advanced practice registered nurses as a profession that may delegate.

[(10)] **(11) “Registered Professional nursing”, the performance [for compensation] of any act which requires substantial specialized education, judgment and skill based on knowledge and application of principles derived from the biological, physical, social and nursing sciences, including, but not limited to:**

- (a) Responsibility for the teaching of health care and the prevention of illness to the patient and his or her family;**
- (b) Assessment, nursing diagnosis, nursing care, and counsel of persons who are ill, injured or experiencing alterations in normal health processes;**
- (c) The administration of medications and treatments as prescribed by a person licensed by a state regulatory board to prescribe medications and treatments;**
- (d) The coordination and assistance in the delivery of a plan of health care with all members of a health team;**
- (e) The teaching, delegation, direction, and supervision of other persons in the performance of any of the foregoing;**

(f) The performance of such acts as may be delegated by a collaborating physician.

Explanation: This removes the clause “for compensation” because the word compensation is confusing. There are many different types of compensation. Practicing nursing is practicing nursing, regardless of whether or not the nurse is being compensated. The new number f indicates that a collaborating physician may delegate acts.

[(11)] **(12) A “registered professional nurse” or “registered nurse”, a person licensed pursuant to the provisions of [sections 335.011 to 335.096] this chapter to engage in the practice of professional nursing.**

(13) “Advanced practice nursing”, the performance of those acts defined in §335.016(11) and such additional acts as are consistent with the specialized education, training, certification and licensure of the advanced practice registered nurse.

Explanation: Defines the practice of advanced practice nursing.

(14) “Retired license status”, Any person licensed in this state to practice pursuant to this chapter, who retires from such practice shall file with the board an affidavit, on a form to be furnished by the board, which states the date on which the licensee retired from such practice, an intent to retire from the practice for at least two years and such other facts as tend to verify the retirement as the board may deem necessary; but if the licensee thereafter reengages in the practice, the licensee shall renew his or her license with the board as provided by this chapter and by rule and regulation.”

Proposals cont. from pg. 2

Explanation: This will allow a nurse to place his/her license on a retired license status. This will allow the retired nurse to continue to title her/himself as a nurse, continue to receive the Board's newsletter and register for the list of professionals to volunteer in the event of a disaster.

335.017. [Intravenous fluids, administration requirements for practical nurses] **Intravenous infusion treatment modalities, establishment of peripheral vascular access sites and administration requirements for licensed practical nurses.**- One of the selected acts which may be performed by persons licensed under the provisions of this chapter as licensed practical nurses is the [administration of intravenous fluid treatment. The administration of intravenous fluid treatment] **establishment of peripheral vascular access sites for the administration of intravenous infusion treatment modalities. Establishment of peripheral vascular access sites and administration of the intravenous infusion treatment modalities** may be performed only by licensed practical nurses who have been instructed and trained in such procedures in a course **or program** of instruction approved by the board. The board shall have the authority to adopt and revise rules and regulations which limit and define the scope of [intravenous fluid treatment] **peripheral vascular access sites and intravenous infusion treatment modalities** which may be performed by licensed practical nurses. Nothing herein shall be construed as prohibiting [administration of intravenous fluid treatment by] registered professional nurses **from establishing peripheral vascular access and administering intravenous infusion therapy treatment modalities.** [The board shall submit emergency rules to the secretary of state to implement the provisions of this section within thirty days of December 15, 1983, and the board shall act promptly on applications of organizations requesting approval of their course of instruction.]

Explanation: This revises IV therapy language to represent current terminology. Section 335.017 had not been revised since its enactment in 1983.

335.048. APRN License, application for--qualifications for, fee--hearing on refusal of license.

1. An applicant for a license to title and practice as an advanced practice registered nurse shall submit to the board a written application on forms furnished to the applicant. The original application shall contain the applicant's statements showing the applicant's education, current licensure as a registered professional nurse, the applicant's advanced practice clinical nursing specialty area in which the applicant is certified by a nationally recognized certifying body approved by the board and other such pertinent information as the board may require. An applicant for licensure as an advanced practice registered nurse for whom no appropriate advanced practice clinical nursing specialty certification from a board-approved nationally recognized certifying body exists or is available shall submit evidence of the applicant's education, training and experience as set forth by rule. Evidence of an equivalent mechanism to certification examinations as set forth by rule will not be accepted after December 31, 2005 and individuals will no longer be licensed as advanced practice registered nurses without an approved advanced practice registered nurse certification examination.

2. The applicant shall be of good moral character and have successfully completed the basic professional curriculum in an accredited or approved school of nursing and earned a professional nursing degree or diploma and have successfully completed a graduate or post-graduate advanced practice registered nurse program accredited by the appropriate national accrediting body and earned a graduate degree or post-graduate certificate. Each application shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing same, subject to the penalties of making a false affidavit or declaration. Applicants from non-English-speaking lands shall be required to submit evidence of proficiency in the English language. The applicant for a license to practice advanced practice nursing shall pay a license fee in such amount as set by the board. The fee shall be uniform for all applicants. Applicants from foreign countries shall be licensed as prescribed by rule. Upon submission of the completed application and required fee, the board may issue to the applicant a license to practice advanced practice nursing as an advanced practice registered nurse.

3. Applicants shall be exempt from the academic requirements of § 335.048.2. if they meet the following:

- (a) have successfully completed the basic professional curriculum in an accredited or approved school of nursing and earned a professional nursing degree or diploma, and
- (b) have enrolled in a formal advanced practice registered nurse program accredited by the appropriate national or regional accreditation body on or before September 1, 2003, and

(c) earned an advanced practice registered nurse certificate on or before December 31, 2005, and

(d) submitted a completed application for licensure as an APRN to the Board on or before December 31, 2005, or

(e) has duly become licensed, certified, recognized, registered or otherwise authorized to practice as an advanced practice registered nurse pursuant to the laws of another state or territory if the applicant meets the qualifications required of advanced practice registered nurses in this state at the time the applicant was originally licensed, certified, recognized, registered or otherwise authorized to practice in the other state or territory.

4. Upon refusal of the board to allow any applicant to obtain licensure as an advanced practice registered nurse, the board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621, RSMo.

5. The board may promulgate rules specifying the criteria by which nationally recognized certifying bodies and their examinations are to be deemed acceptable to the board, other criteria for initial and continued licensure as an advanced practice registered nurse, and such other rules as are necessary to enable the board to carry out this provision.

Explanation: Would require national certification of all APRNs after December 31, 2005, thereby allowing currently recognized APRNs without national certification time to prepare and take an appropriate certification exam. After December 31, 2005, any new applicant or APRN who lets their recognition/license expire will be required to meet the new education and certification requirements. The certification requirements will include a national certifying exam. Those that were recognized/licensed prior to December 31, 2005 will be grandfathered.

The new requirements go into effect December 31, 2005 and require that all APRNs have national certification and a graduate or post-graduate degree.

The new requirements would:

- Eliminate non-certified applicants after December 31, 2005. That would affect 4 Perinatal CNS and 5 Maternal-Child CNS. Currently these professions do not have a national certifying body.
- Eliminate certified category applicants who cannot demonstrate having a graduate or post-graduate advanced practice registered nurse program. This is a national movement and is already required in most other states. Language includes a grandfather clause that exempts them if they are in a program prior September 1, 2003 and earned their certificate on or before December 31, 2005 and apply prior to December 31, 2005.

6. Upon application, the board may issue a temporary permit to an advanced practice registered nurse applicant pursuant to subsection 1 of this section who has made a prima facie showing that the applicant meets all of the requirements for such a license and submits an application in accord with the rules of the board. The temporary permit shall be effective only until the board has had the opportunity to substantiate the applicant's qualifications for licensure pursuant to subsection 1 of this section and to notify the applicant that his or her

application for a license has been either granted or denied/refused. In no event shall such temporary permit be valid for more than twelve (12) months after the date of its issuance nor shall such permit be reissued to the same applicant. No fee shall be charged for such temporary permit. The holder of a temporary permit that has not expired, or been suspended or revoked, shall be deemed to be the holder of a license issued pursuant to section 335.048 until such temporary permit expires, is terminated or is suspended or revoked.

7. Once an applicant is issued an APRN license, the licensee shall not be required to maintain a separate current RN license.

Explanation: A frequent complaint we receive from current advanced practice registered nurses is the requirement to renew their RN license by April 30th of every odd-numbered year and renew their advanced practice nurse recognition prior to varied expiration dates throughout the year as dictated by national certification expiration dates. Advanced practice registered nurses would prefer to have one license with one expiration date thereby reducing the regulatory burden and the potential for a licensee to practice with a lapsed license. Another issue is advanced practice registered nurses, licensed in another state, cannot obtain a temporary permit to practice as a APRN while waiting for final APRN license approval. This language would allow APRNs to receive a temporary APRN permit so care is not detained while awaiting a permanent license.

*This legislation will require APRNs to have ONE LICENSE with ONE EXPIRATION DATE rather than two licenses with two separate expiration dates. The proposal includes a new section 7 under 334.048 to clarify that the intent of the bill is **not to create** a second license.*

335.049 – Any registered professional nurse with a current and active registered professional nurse license who was recognized by the board to title and practice as an advanced practice nurse within a particular clinical nursing specialty area as a nurse practitioner, clinical nurse specialist, nurse anesthetist and/or nurse midwife on or before December 31, 2003 and whose recognition is current and active shall be issued an advanced practice registered nurse license and shall be exempt from the academic requirements of § 335.048.2.

Proposals cont. from pg. 3

Explanation: Exempts advanced practice registered nurses from the new educational requirements if the APRN met the qualifications that Missouri had in effect at the time the APRN was initially licensed/certified/recognized/registered or otherwise authorized to practice in the other state or territory.

335.056 Renewal of license, when due, fee---unlicensed practice prohibited. - The license of every person licensed under the provisions of [sections 335.011 to 335.096] **this chapter** shall be renewed as provided. An application for renewal of license shall be mailed to every person to whom a license was issued or renewed during the current licensing period. The applicant shall complete the application and return it to the board by the renewal date with a renewal fee in an amount to be set by the board. The fee shall be uniform for all applicants. The certificates of renewal shall render the holder thereof a legal practitioner of nursing for the period stated in the certificate of renewal. Any person who practices nursing as **an advanced practice registered nurse**, a registered professional nurse or as a licensed practical nurse during the time his license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of the provisions of [sections 335.011 to 335.096] **this chapter**.

335.076. Titles, R.N., [and] L.P.N.[,] **and APRN**, who may use.-1. Any person who holds a license to practice professional nursing in this state may use the title “Registered Professional Nurse” and the abbreviation “R.N.”. No other person [may] **shall** use the title “Registered Professional Nurse” or the abbreviation “R.N.”. No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is a registered professional nurse.

2. Any person who holds a license to practice practical nursing in this state may use the title “Licensed Practical Nurse” and the abbreviation “L.P.N.”. No other person [may] **shall** use the title “Licensed Practical Nurse” or the abbreviation “L.P.N.”. No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is a licensed practical nurse.

3. Any person who holds a license to practice advanced practice nursing in this state may use the title “Advanced Practice Registered Nurse”, the abbreviation “APRN”, and any other title designations appearing on his/her license. No

other person shall use the title “Advanced Practice Registered Nurse” or the abbreviation “APRN”. No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is an advanced practice registered nurse.

[(3)] **4.** No person shall practice or offer to practice professional nursing, [or] practical nursing, **or advanced practice nursing** in this state [for compensation] or use any title, sign, abbreviation, card, or device to indicate that such person is a practicing professional nurse, [or] practical nurse, **or advanced practice registered** nurse unless he **or she** has been duly licensed under the provisions of [sections 335.011 to 335.096] **this chapter**.

5. “Nurse”, In the interest of public safety and consumer awareness, it is unlawful for any person to use the title nurse in reference to himself or herself in any capacity, except individuals who are or have been licensed as a registered nurse, licensed practical nurse or advanced practice registered nurse pursuant to this chapter.

335.086. Use of fraudulent credentials prohibited.--No person, firm, corporation or association shall:

(1) Sell or attempt to sell or fraudulently obtain or furnish or attempt to furnish any nursing diploma, license, renewal or record or aid or abet therein;

(2) Practice **advanced practice nursing**, professional **nursing**, or practical nursing as defined by [sections 335.011 to 335.096] **this chapter** under cover of any diploma, license, or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;

(3) Practice **advanced practice nursing**, professional nursing, or practical nursing as defined by [sections 335.011 to 335.096] **this chapter** unless duly licensed to do so under the provisions of [335.011 to 335.096] **this chapter**;

(4) Use in connection with his name any designation tending to imply that he is a licensed registered professional nurse, **advanced practice registered** nurse, or a licensed practical nurse unless duly licensed so to practice under the provisions of [sections 335.011 to 335.096] **this chapter**;

(5) Practice **advanced practice nursing**, professional nursing, or practical nursing during the time his license issued under the provisions of [sections 335.011 to 335.096] **this chapter** shall be suspended or revoked; or

(6) Conduct a nursing education program for the preparation of professional or practical nurses unless the program has been accredited by the board.

Explanation: Adds title protection for APRN and Nurse. Currently, only the title of Registered Nurse (RN) and Licensed Practical Nurse (LPN) are protected. Physician offices and other non-regulated entities frequently hire unlicensed staff and title them as “nurse.” This causes confusion to the public. The title “nurse” implies that the person is either a RN or LPN and that the person has the essential degree of competency necessary to perform a unique scope of nursing practice.

Expedited Hearings

On occasion an individual or licensee engages in conduct, such as unlicensed practice that presents an immediate risk to public health and safety. The Board would like an expedited hearing process in order to be able to take quick action to stop the misconduct and protect the public. The actual language follows. This would be a new section 7-9 of section 335.066, RSMo.

7. If the board concludes that a nurse has committed an act or is engaging in a course of conduct which would be grounds for disciplinary action which constitutes a clear and present danger to the public health and safety, the board may file a complaint before the administrative hearing commission requesting an expedited hearing and specifying the activities which give rise to the danger and the nature of the proposed restriction or suspension of the nurse’s license. Within 15 days after service of the complaint on the nurse, the administrative hearing commission shall conduct a preliminary hearing to determine whether the alleged activities of the nurse appear to constitute a clear and present danger to the public health and safety which justify that the nurse’s license be immediately restricted or suspended. The burden of proving that a nurse is a clear and present danger to the public health and safety shall be upon the state board of nursing. The administrative hearing commission shall issue its decision immediately after the hearing and shall either grant to the board the authority to suspend or restrict the license or dismiss the action.

8. If the administrative hearing commission grants temporary authority to the board to restrict or suspend the nurse’s license, such temporary authority of the board shall become final authority if there is no request by the nurse for a full hearing within 30 days of the preliminary hearing. The administrative hearing commission shall, if requested by the nurse named in the complaint, set a date to hold a full hearing under the provisions of chapter 621, RSMo, regarding the activities alleged in the initial complaint filed by the board.

9. If the administrative hearing commission dismisses the action filed by the board pursuant to subsection 4 of this section, such dismissal shall not bar the board from initiating a subsequent action on the same grounds.

Certification for Specialty Training

The Missouri Department of Health and Senior Services (DHSS) will approve specialty training courses, whether it is a biochemical attack or other emergency. The Missouri State Board of Nursing is requesting legislation to designate which nurses have received training approved by the DHSS.

Core minimum standards, developed by the DHSS would assure everyone that the same knowledge could be assumed by all those taking the approved courses. The public needs consistent, minimum qualifications for nurses and an accurate determination of who meets those qualifications.

The actual language is as follows.

335.018 Certification for Specialty Training

1. The Board may certify persons licensed under the provisions of this Chapter as having specialized training. The Board shall have the authority to adopt and revise rules and regulations which specify the specialized knowledge, education, skills, training, judgment, and experience necessary to qualify for initial and continued certification in specialty training.

2. “Training Certification Specialties” shall be those courses endorsed and approved by the Missouri Department of Health and Senior Services, which, through formal and ongoing processes of evaluation and verification, certifies that a licensed nurse has met pre-determined practice standards in training specialty area. A list of trained and certified nurses shall be maintained by the Board.

As a licensed professional, you do have a voice in shaping the future of health care. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, your area of expertise and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at <http://www.moga.state.mo.us>.

Nurses Making A Difference, One Life at a Time

You Have Made a Difference!

authored by Becki Hamilton
Executive Assistant

More of you have shared your stories. We have many wonderful nurses in Missouri and wish to applaud all those that are indeed “making a difference.”

Joyce Allen, RN, Joplin, Mo., submitted this touching story.

There is a pair of small gold filigree hoop earrings in my jewelry box that I wear on special occasions. I also wear them on days when the act of going to work is almost more than I can bear. They were bought with a gift from a patient.

When I entered Burge School of Nursing, Springfield, Missouri, in 1968, one of the RULES drummed into us was: ‘Never accept a gift from a patient.’ I was always quite dutiful and directed grateful families and patients to ‘just give something to the unit, or write a note to the hospital.’ But in 1993, I broke the rule.

I was working weekends on a busy surgical unit. This particular weekend one of the staff was on vacation, and the rest of us split up her usual pod of patients. I had never taken care of George, even though he had been on the unit for a while. George was in his late 40’s and had inoperable gastric cancer. He and his wife were both aware of the diagnosis but were avoiding discussing it, I was told in report. He had had a miserable night because the jejunal tube feeding kept leaking at the connection of the tube and the feeding tube bag. They had changed dressings and linen several times during the night, but no one had fixed the problem. As often happens, the correct adapters were not to be found anywhere in the hospital.

When I made early rounds, George and his wife shared their frustration with me. Their son and daughter-in-law and new infant grandchild were flying in from Florida that morning. George was a very private and proud man and didn’t want to see his family ‘with all this mess.’ After I looked at the setup, I called surgery and asked them to send up a blunt needle the gauge that would probably fit the very small jejunostomy tube. No one on the unit had ever heard of a blunt needle before. This was long before the days of needleless adapters found on our units now. I remembered using them in my OR rotation in the ‘dark ages.’ The blunt needle fit the jejunosotomy tube perfectly and I stabilized it on a tongue blade. No leaks!

That afternoon, the family from Florida arrived and George really enjoyed their visit. As I left the unit after report that night, George’s wife slipped an envelope in my pocket and instructed me not to open it until I got home. She knew that nurses were not to receive gifts. In the envelope was a gift certificate in my name to my favorite department store. I have no idea how she slipped out to get it that day.

I bought earrings with the gift certificate. Everyone always remarks on how unusual they are. While I was teaching nursing I would relate this story to my students. Yes, nursing is a profession, and we don’t take gifts or ‘tips’ from patients. However, there are times in our practice, when the act of refusing a heartfelt token is more damaging than accepting it. George and his family taught me a lot that day. I was not successful in getting George and his wife to discuss diagnosis and plans for the future. That was the goal all of us had been working toward. OUR care plan was not implemented that day. But I was able to make it possible for George to achieve HIS goal: to be comfortable and maintain his dignity for his family.

To all the Georges in our care – Thank you for letting us touch your lives and for giving us a lifetime of memories.

On Angels’ Wings
A hospice nurse making a difference was described by Ann Nowlin, RN, Des Plaines, Ill.

After discussing her poor prognosis with the doctor and understanding there was no cure, Aunt Margaret decided she didn’t want more aggressive care. Feeling isolated in the hospital, she wanted to go home. Initially, my cousins provided care; but they needed more help as she weakened. The doctor offered more treatment, but my aunt ‘put her foot down.’ By ‘calling it quits,’ did she want to be left alone? No, Aunt Margaret wanted a different kind of care, a non-aggressive care to provide comfort, quality of life and to manage her symptoms. So her doctor made a referral to hospice; all of us met with their representative. My aunt agreed with their plan for end-of-life-care (EOLC) meeting admission criteria of a terminal diagnosis and limited prognosis. Team members were to visit regularly and included a physician, nurse, nurse’s aide, social worker, chaplain, volunteer, and a consulting pharmacist.

Our nurse was the case manager and quickly became a member of our family. At each visit, she assessed from head

to toe, focusing on pain, shortness of breath, anxiety, nausea and swelling and constipation. Because Aunt Margaret had congestive heart failure, the nurse obtained oxygen very early on. As her breathing worsened, she obtained a nebulizer and appropriate medications. Eventually, those stopped working and after speaking with the doctor and conferring with the pharmacist, she was able to obtain morphine for nebulization to ease the work of breathing.

When she detected something abnormal, she was in touch with the physician, wasting no time solving problems. Because hospice is an interdisciplinary approach to care, she involved other hospice team members, if necessary. For example, she might involve the social worker, so between the two of them, they might help the family with coping skills.

My aunt recorded Accucheck™ results, and because Aunt Margaret had difficulty with her vision, the nurse filled her pill organizers. Her holistic and supportive care also involved my family (‘family unit’). With the hospice nurse managing the case, I could be a family member, not the family member who was a nurse. This lifted a weight off my shoulders; I needed to be a niece, a cousin; not an authority figure at this time.

The social worker offered advice and counseling. ‘I’ll never see my daughter graduate from college.’ My aunt was young with many unmet goals; she and my uncle planned to travel for their retirement, so my uncle needed support, too. Eventually, we needed to hire caregivers to help my cousins; the social worker was able to help them.

All nurses have made an occupied bed; but what about your next-door neighbor? While reporting to the RN, the nurse’s aide taught my cousins how to check for and prevent bedsores, and gave so many other tips on care of a bed-bound patient. The chaplain provided ministry to Aunt Margaret and our family, and arranged for communion. On occasion, the chaplain performed services after death, and was involved in grief groups and bereavement follow-up.

I wondered how we managed without our volunteer. Gail brought Aunt Margaret’s favorite food, massaged her sore muscles, played music, provided reassurance; or gave her daughters a break so they could run errands, go to church or just visit with friends. She also told me of one volunteer who provided daily transportation for a hospice patient’s blind spouse so he could visit his wife in the nursing home.

The medical director is a physician with experience in EOLC, frequently an oncologist. The nurse had another valuable resource in the pharmacist. There was also an on-call team available for ‘after hours’ questions or concerns.

Hospice is not limited to cancer (after all, Aunt Margaret had congestive heart failure and diabetes), although the greatest majority of patients in hospice have cancer. Any patient with a terminal diagnosis, prognosis of approximately six months, not wishing aggressive treatment, but wanting a focus on comfort care, is eligible for hospice care. Recently, an increasing number of cardiac, Parkinson’s, ALS, and Alzheimer’s patients have been seen. Medicare, Medicaid and most private insurers have a hospice benefit.

Hospice doesn’t mean ‘no more treatment.’ My aunt had oxygen provided by hospice; another treatment example might be a blood transfusion for an anemic patient if it’s felt that it would improve comfort and quality.

Our nurse loved her ‘work’ and it seemed effortless. She didn’t fool me, though; I saw how deftly she combined technical, holistic and psychosocial skills; cloaking them angelically, even when she had bad news. All disciplines coordinated well, and firsthand, I saw true teamwork in action. Everyone became family in this intimate part of our lives. On occasion, I wonder how and what they’re doing today. Truly, they made a difference; being a nurse, I know that feeling.

To A Director of Nursing
The following poem was submitted by Darlene Jamison, LPN, O’Fallon, MO

I met her about ten years ago,
our paths crossed again by fate.
She rushed onto the elevator,
to avoid being late.

After ten years she hadn’t aged at all.
Her outstanding demeanor still glowed.
A professional and intelligent nurse,
reaping the good that she had sowed.

I smiled at her and thanked her,
for all the encouragement she had given me.
The seed that she had planted,
had sprouted limbs from the tree.

She was now Director of Nursing
and it was her first day.
I was happy to know we had a leader,
that would work with us in every way.

I told her that I was now a licensed nurse.
She had inspired me and others years ago.
Her supervision was like no other nurse.
She taught us what we needed to know.

She was always teaching and helping others.
These qualities are a must in our field.
A beautiful person with a heart of gold,
from her we learned to build.

To this day she doesn’t know,
how many people she helped along the way.
She never slighted anyone,
I sincerely thank her to this day.

It is a must to treat everyone with respect.
Because you never know whose path
you may cross from the past.
Always keep in mind that your first impression,
might also be your last.

Once again thank you for sharing your stories with us and thanks for making a difference!
If you would like to submit your “Making a Difference” story, please submit by email to rhamilto@mail.state.mo.us or by mail to Missouri State Board of Nursing, 3605 Missouri Blvd, PO Box 656, Jefferson City, MO 65102, Attn: Becki Hamilton.

Discipline Corner

authored by Liz Cardwell, RN, ME.D.

Missouri State Board of Nursing Discipline Committee Members:

Charlotte York, LPN, Chair
David Barrow, LPN
Linda Conner, BSN, RN
Cynthia A. Suter, BS, JD
Kay Thurston, ADN, RN
Janet Vanderpool, MSN, RN

CAUTION

Pain may be the result of an injury, surgery, a chronic physical condition or other event. Pain is even an “international journal specific to the study of pain.” Advertising bombards us with a variety of available pain remedies for a variety of ailments that result in pain. For many, the receipt of a prescription for a controlled substance for pain is not thought of as an event in which the recipient should proceed with caution. However, for some it may become an opportunity for misuse, abuse, and addiction – even in the last individual one would expect this to occur. It is not this author’s intention to minimize the other chemical sources in addiction, alcohol and illegal drugs, but to focus on the issues unique to prescription medication.



Cardwell

Frequently, one of the most common treatments is the administration of pain medication, and often this medication is a controlled substance.

Nurses, on a daily basis, more often than not, observe in their patients the speed and effectiveness of the pain medication. Additionally, nurses are generally familiar with the side effects and/or contraindications of the medications, thereby developing a knowledge base of various controlled substances.

Nurses frequently assess a patient’s verbally expressed experience of discomfort and are taught to assess the body language of those individuals who are unable to verbalize discomfort. Nurses assess what they hear and see, advise the physician of those observations, administer the prescribed treatment and then assess and document the patient’s response.

At sometime during their life, there is a possibility that a nurse may be prescribed a controlled substance to manage pain due to any one of the occurrences mentioned at the beginning of this article. Nurses, feeling very knowledgeable about pain medication, may have the same attitude toward their own personal utilization of controlled substances. A nurse sees the medication’s effectiveness on his/her patients almost on a daily basis – as well as the side effects, the usual frequency and dosage and has an awareness of instances when the usage is problematic. Because of this knowledge and training, the nurse believes that they

have the ability to control slipping into addiction.

The title of this article – “CAUTION” – is to caution you, the nurse, who is reading this article, CAUTION in your own use of prescribed controlled substances. In the years that I have been a member of the Board staff, I have noted that a number of nurses who have chemical dependency issues often identify the initial use of an appropriately prescribed controlled substance as the beginning of his/her misuse, abuse and subsequent addiction. Not infrequently, these individuals have other co-occurring issues such as chronic conditions with associated pain, depression, difficulty dealing with stress, and a positive family history of addiction. When denial is added to this mix, there exists then a danger zone. During a meeting with a disciplined licensee, the nurse stated that “when I was a patient, the first time I took the medication, I felt better about myself and more capable of coping.”

Crossing the line may happen quickly and without warning, awakening the sleeping giant of addiction. I would like this article to increase your awareness of the potential for disaster so that you can be proactive in caring for yourself and take appropriate preventative measures. Talk with your prescribing professional, express your concerns and explore with him/her monitoring the length of time for use of the medication that’s being prescribed and determine if other methods of pain relief are available.

Holden Announces State Advisory Council on Pain and Symptom Management

JEFFERSON CITY – Gov. Bob Holden announced the creation of the State Advisory Council on Pain and Symptom Management. The Council’s main function is to create an annual report for the Director of the Department of Health and Senior Services, the Speaker of the House of Representatives, the Senate President Pro Tem and the Governor. The report may include, but is not limited to, issues and recommendations developed by the council regarding pain management educational requirements for institutions providing health care education, information regarding the effectiveness and impact of recommendations and a review of current policies regarding pain and symptom management.

“This council will help to enhance the quality of life of those who suffer from chronic pain by improving the quality of care provided to them,” Holden said. “Advocacy and education of the many facets of people involved in pain treatment, such as patients, health care professionals and policy makers, are necessary for improvements to made to the health care system in the state,” Holden said.

The Missouri State Advisory Council on Pain and Symptom Management consists of nineteen members. The members represent various areas within the health care system in the State, including policy makers, pain patients and health care providers. The members include:

- ♦ Bruce Harrison of St. Louis is a Clinical Pharmacy Specialist-Oncology and a member of the State Board of Pharmacy.

- ♦ Maggie Hilmer of St. Louis is employed at St. Louis Home Health and is a member of the Missouri Physical Therapy Association.
- ♦ Jerry Johnson of Osage Beach is the director of state government affairs, corporate staff, for the Johnson and Johnson Company.
- ♦ Laura Krasser of Jefferson City is a Missouri assistant attorney general.
- ♦ Lori Ladd of Chesterfield is a nursing liaison for Purdue Pharma L.P. and a member of the Missouri Pain Initiative.
- ♦ Jane Leshner of Kansas City is a registered nurse and a member of the State Board of Nursing. *
- ♦ Dr. John Lucio of Jefferson City is a member of the State Board of Registration for the Healing Arts and is certified and accredited in pain management.
- ♦ Lynn Mark of St. Louis is a registered nurse and a member of the State Board of Nursing. *
- ♦ Dr. Edward Mosby of Kansas City is a Revzin Professor Emeritus of Dentistry and Professor of Medicine at the University of Missouri- Kansas City. He is a member of the State Board of Dentistry.
- ♦ Rep. Sam Page of St. Louis is a practicing anesthesiology physician and a representative of the 82nd District.
- ♦ William Stanhope of St. Louis is a member of the Missouri Advisory Commission for Physician Assistants.
- ♦ Dr. Raymond Tait of St. Louis is a Professor and Director of Research at the Department of Psychiatry, St. Louis University School of Medicine.
- ♦ Rep. Kevin Threlkeld of Washington is a primary care physician and a representative of the 109th District.

** Note: This is an actual reprint of the press release. Jane Leshner and Lynn Mark are both RNs licensed by the Missouri State Board of Nursing, not members of the Board of Nursing.*

Education Corner



authored by Marilyn K. Nelson, RN, MA
Education Administrator

Missouri State Board of Nursing Education Committee Members:

- Teri A. Murray, Ph.D., RN, Chair
- Linda K. Conner, BSN, RN
- Cynthia A. Suter, BS, JD
- Janet Vanderpool, MSN, RN

Arthur L. Davis Publishing Scholarship Awards

The Arthur L. Davis Publishing Agency, Inc. contributed a \$1,000 scholarship award for nursing education to be given in 2003. This is the second year that the publishing agency has made this contribution available to nursing students enrolled in programs in Missouri. The Missouri State Board of Nursing delegated the responsibility of selecting the recipients to the Education Committee.

The Education Committee followed the same procedures as last year and again decided to award \$500 each to one professional and one practical nursing student. All approved nursing programs in the state were sent information regarding the scholarship and the criteria for nomination. Each program could nominate one qualified candidate. One of the stipulations was that the nursing student planned to work in Missouri after graduation. The Board received seven nominations for students in professional nursing programs and six for students in practical nursing programs. The members of the Education Committee reviewed the nominations and recommended their selection to the Full Board. The selections were approved at the Board of Nursing meeting held December 3-5, 2003.

The recipients are Jessica Hawkins who attends St. John's School of Nursing at Southwest Baptist University, an associate degree program in Springfield, and Debra L. Greek, a practical nursing student at Franklin Technology Center in Joplin. Congratulations to both recipients!

Jessica Hawkins graduated in December 2003, from St. John's School of Nursing at Southwest Baptist University with an ADN. She plans to work in the Springfield area in an acute care setting. Both of Jessica's parents are nurses. She didn't think that she would follow in their footsteps as they worked late and came home exhausted. A summer trip to Nicaragua as part of a college sociology class changed everything. She lived with a family in which there were five children. The youngest child was ill due to a condition caused by a parasite. The child's abdomen was large and rounded, ribs were visible, arms and legs were thin, and eyes bulging. She was told the child's outcome was bleak. Jessica learned that it was common for babies in Nicaragua to contract parasites because of the water supply and many babies died. Jessica said that she cried for this baby and thought it very unfair that with all the health resources we had that children were dying. Upon returning home, Jessica searched the Internet looking for information concerning health care for children in foreign countries. She came across an article describing a nurse practitioner who gathered immunization supplies and sent them to countries in Africa. The article stated that this nurse practitioner had saved hundreds of African lives, but the nurse stated that even if only one life had been helped, her efforts were worthwhile. Jessica was inspired by this and applied to a nursing program. Jessica states that she wants to be instrumental in changing people's lives. One of Jessica's nursing professors stated that Jessica takes the initiative to get things done and looks at each clinical day as an opportunity to learn. Jessica thoroughly prepares for the care of assigned patients/clients and is confident in her nursing skills. This professor states that clients and nursing staff are very complimentary of the care Jessica provides.

Debra Greek is a practical nursing student at the Franklin Technology Center in Joplin and will graduate in June 2004. She plans to work in the Joplin area after graduation. Debra is married, has three children and works at a local hospital. She states that caring for others has appealed to her for as long as she can remember. Debra's entry and/or completion of a nursing program had to be put on



Nelson

hold two different times. The first time was after discovering that her nausea and vomiting was due to the fact that she was pregnant with twins, not the jitters and pressure of beginning a nursing program. When the twins were four years old, she applied again for nursing school and a lump in her throat was discovered on the required physical health examination. The surgical removal of a benign thyroid tumor again delayed her nursing career. Debra states that, after 15 years of waiting, her dream of being in nursing school has finally come true. She says that during that time her desire to become a nurse had never lessened and that her choice of nursing as a career begins and ends with the opportunity to serve and help others. Debra's essay was submitted with four letters from different faculty members who listed her attributes as positive attitude, conscientious, hard working, focused, motivated, dependable, and always pleasant. Faculty stated that Debra is a role model for her classmates.

The Education Committee members commented as to the worthiness and qualifications of all the nominees, so the decision was not an easy one to make. Therefore, the Board recognizes all the students nominated by listing their names and the nursing program in which each is enrolled.

Professional Nursing Student Award:

Recipient: *Jessica Hawkins* – St. John's School of Nursing at Southwest Baptist University - Springfield

Nominees:

- ♦ Jennifer Beall – Lester L. Cox College of Nursing and Health Sciences - Springfield
- ♦ Stacey Renee Cook – Truman State University - Kirksville
- ♦ Michelle Hall – Missouri Southern State University - Joplin
- ♦ Joe Meyerott – Southwest Missouri State University - Springfield
- ♦ Shane Trosclair – Southwest Missouri State University – West Plains
- ♦ Amy Watkins – Southeast Missouri Hospital College of Nursing and Health Sciences - Cape Girardeau

Practical Nursing Student Award:

Recipient: *Debra L. Greek* – Franklin Technology Center on the campus of Missouri Southern State University - Joplin

Nominees:

- ♦ Crystal Barnett – Hannibal Public School of Practical Nursing - Hannibal
- ♦ Kelly Baxley – Moberly Area Community College - Moberly
- ♦ Sharon Kay Turney – Gibson Technical Center Practical Nursing Program - Reeds Spring
- ♦ Leah Vankirk – Texas Technical Institute - Houston
- ♦ Nancy Walker – Moberly Area Community College - Mexico

The Board of Nursing expresses appreciation for the cooperation of the faculty and students in all the nursing programs in this award process. A special "thank you" to Mr. Mark G. Miller, General Manager of Arthur L. Davis Publishing Agency, Inc. in making these awards possible.

Other Education Items:

NCLEX® Item Writers

In the past two issues, the Board has published information encouraging nurses to apply to the NCLEX® Item Development Program and serve as item writers or item reviewers. The Board recognizes those nurses licensed in Missouri who have contributed their talents as Item Writers as a Panel Member or Alternate in 2003.

Panel Members:

Angelia Blake, Normandy
Rene Schnake, Warrensburg
Jeffrey McManemy, Creve Coeur
Allison Burke, Kansas City
Rosemary Zelazek, Warrensburg
Jeanna Wilcox, Lee's Summit

Alternate Panel Members:

Sandra Whitehead, Sedalia
Patricia Clutter, Strafford
Angelia Blake, Normandy
Rosemary Zelazek, Warrensburg

Submitting a Proposal for a New Program

The Education Committee, with approval of the members of the Board of Nursing, has adopted a guideline requiring that a proposal for a new nursing program be submitted forty-five (45) days prior to the Education Committee meeting date at which the proposal will be reviewed. At the time it is submitted, the proposal should be complete in all aspects as delineated at 4 CSR 200-2.010 (1) (C) or 4 CSR 200-3.010 (1) (C). This time frame will give the committee members more time to thoroughly review the proposal and seek more information if needed.

Convening of a Task Force to Revise the Minimum Standards for Approved Programs of Nursing

The Board of Nursing is assembling a Task Force charged with the responsibility of reviewing the Minimum Standards for Approved Programs of Professional and Practical Nursing and proposing needed revisions. Representatives from each type of nursing program will actively participate on the Task Force which will hold its first meeting in January 2004. The Minimum Standards are the Missouri State Board of Nursing rules with which every nursing program is to comply. The rules address all aspects of a nursing program. You will be kept informed as to the progress of this Task Force.

Practice Corner

authored by Lori Scheidt
Executive Director

Missouri State Board of Nursing Practice Committee Members

Janet Vanderpool MSN, RN,
Chair
David Barrow, LPN
Linda Conner BSN, RN
Robin Vogt PhD, RN, FNP-C

ADVANCED PRACTICE REGISTERED NURSE TITLE GUIDELINES

Based on “Document of Recognition” and rule, 4 CSR 200-4.100-Advanced Practice Nurse (4) (B).

GRADUATE RECOGNITION

Following their RN designation, individuals recognized with graduate status are to insert “G” in front of board-recognized advanced practice nursing clinical specialty area and role designation--e.g., GFNP, GM-SCNS, GNM, GRNA--as in John Doe, RN, GFNP, Jane Doe, RN, GM-SCNS, John Doe, RN, GNM, Jane Doe, RN, GRNA.

NATIONALLY CERTIFIED

According to the rule 4 CSR 200-4.100 (4)(B) you are required to specify your RN title, clinical nursing specialty area designation, and certification status, if applicable, for purposes of identification and documentation. We recommend that you contact your national certifying body for direction on how to specify your clinical nursing specialty area and certification status.

NO CERTIFYING BODY

Clinical Nurse Specialist---

- Maternal-Child: John Doe RN, M-CCNS
- Pediatric: Jane Doe RN, PCNS
- Perinatal: John Doe RN, PNCNS
- Women’s Health: Jane Doe RN, WHCNS

Nurse Practitioner---

- Psychiatric/Mental Health: John Doe RN, P/MHNP
- Placement of Education Degree Credential/s

For licensees who also want to include education degree credentials, placement of degree credentials **after** name and **before** RN is suggested.

FREQUENTLY ASKED QUESTIONS

Apheresis

Question: My employer manufactures apheresis equipment used to collect blood products from volunteer donors.

We are often asked by our customers across the United States whether an RN or EMT must be on-site when an apheresis procedure is performed. Specifically, the apheresis equipment is used to collect platelets, plasma, or red blood cells from healthy volunteer donors. The procedure may be performed at a fixed site location owned/leased by the blood center or at a mobile blood drive. During the blood donation the apheresis machine automatically returns normal saline to the donor. Can you tell me if your State’s Nurse Practice Act would require the presence of a nurse during the apheresis procedures described above?

Answer: There was one past decision related to this topic.

REQUEST: At their February 1997 meeting, the members of the Missouri State Board of Nursing reviewed a request for a Board opinion regarding the use of Missouri licensed IV Certified LPNs employed by the American Red Cross in charge role positions leading the processes of pheresis and apheresis at fixed locations without an RN being on site.

DECISION: Based solely on the submitted request and assuming all information is true and accurate, the Board’s decision is specific registered professional nurses employed by American Red Cross entities in Missouri may use their reasonable and prudent judgement to determine appropriate nursing acts related to apheresis/pheresis processes that may be delegated to and safely and competently performed by specific LPN employees of American Red Cross entities in Missouri. Any delegations related to apheresis/pheresis processes that are made by specific registered professional nurses to other licensed or unlicensed personnel must be properly supervised and a physician or the delegating registered professional nurse must be immediately available at all times. Although the apheresis/pheresis processes are not viewed to be subsumed within Rule, 4 CSR 200-6.010 Intravenous Fluid Treatment Administration, the Board believes that including the requirement that each LPN be IV certified will enhance safe and competent performance.

APN Seeing New Patients

Question: Can an APN see a new patient to the practice and then schedule follow up with collaborating physician in 3-4 months? I know the collaboration agreement says new patients and acute changes need to be seen in 2 weeks but the debate is if it is a new but stable patient, most likely undiagnosed with underlying condition.

Answer: The rule states “When a collaborative practice arrangement is utilized to provide health care services for conditions other than acute self-limited or well defined problems...no case more than 2 weeks after the patient...” So, if a new patient comes in with bronchitis (acute, self-limited)

and treatment is given by the APN, there is not a need for the patient to follow up in 2 weeks with the physician unless the bronchitis is not resolved or complications occur. Individual collaborative practice agreements can be further restrictive.

IV Therapy

Question: Does a LPN need a certification to draw blood in the state of Missouri?

Answer: A LPN can draw blood pursuant to physician order EXCEPT if it is through an IV-line - if it is through an IV line - they must be IV certified and trained.

APN RECOGNITION SUMMARY STATE OF MISSOURI

12/01/2003*

CLINICAL NURSE SPECIALISTS 448**

- Pediatric 027
- Perinatal 005
- Gerontological 031
- Community Health 006
- Maternal Child 005
- Advanced Oncology 025
- Medical-Surgical 173
- Adult Psychiatric/Mental Health 142
- Child-Adolescent Psychiatric/Mental Health 029
- Advanced Diabetes Management 001
- Adult Acute & Critical Care 004

NURSE ANESTHETISTS 1293**

NURSE MIDWIVES 093**

NURSE PRACTITIONERS 2636**

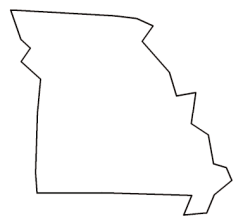
- Adult 408
- Advanced Oncology 002
- Family 1340
- School 0
- Neonatal 127
- Acute Care 042
- Pediatric 353
- Gerontological 094
- Family Psychiatric/Mental Health 004
- Women’s Health 251
- Adult Psychiatric/Mental Health 013
- Psychiatric Mental Health 002

TOTAL NUMBER OF RECOGNITIONS 4470

NOTE: Earliest recognition date was September 1996

* Numbers of recognitions change monthly.

**Actual number of recognitions may be less: (a) if continued recognition requirements have not been met before ‘Document of Recognition’ expiration date, or (b) due to individuals being recognized in more than one specialty area and/or role



Licensure Corner

authored by Kathy Tucker
Licensing Supervisor

Missouri State Board of Nursing Licensure Committee Members:

- Kay Thurston, ADN, RN,
Chair
- Robin Vogt, PhD, RN, FNP-C
Charlotte York, LPN
Teri A Murray, PhD, RN

LPN RENEWAL – LPN RENEWAL

The time for renewal of License Practical Nurse (LPN) licenses is fast approaching! To ensure receipt of your renewal notice and avoid delays in processing your license, please notify the Board of any name and/or address changes **immediately** (see form located on page 22).

When completing your renewal notice, please verify that the following are completed and correct:

- Name
- Address
- Social Security Number
- Date of Birth
- Your signature and the date completed are in the appropriate places
- **All** questions have either been answered yes or no (If they do not apply, please check no)

If your LPN renewal form is not completed properly, it will be rejected and returned to you for correction(s). As a result, receipt of your renewed license may be delayed. To avoid additional delays should your renewal form be rejected for failure to provide signature and/or answer all questions, please make the appropriate correction(s) and fax it to us at 573-751-6745 as soon as possible. If a fee is required due to no fee or incorrect fee, you must return the rejected renewal notice with the appropriate fee. Your license may lapse if your corrected renewal form is not returned to us within the grace period. In order to reinstate your license, once it has lapsed, you will need to complete a “LPN Petition to Renew” form and pay a penalty fee of \$50. If you continue to work past the grace period with a lapsed license, “Stop Working Statements” will be required from you and your employer and your license will be referred for possible disciplinary action.

“Yes, our phones are working!” is a phrase often repeated during our renewal periods. We have approximately 22,400 LPNs currently licensed in Missouri. During the renewal period our phone lines do become very busy and you may experience some difficulty contacting us. We



Tucker

anticipate a high volume of phone calls from February through June 2004. Our main office number is 573-751-0681. Be sure to have your license number available so our staff may assist you in a quick and proficient manner.

Other options for contacting the Board with questions, name and/or address changes are by e-mail or fax. Please submit by e-mail to nursing@mail.state.mo.us or by fax to 573-751-6745 or 0075.

LICENSE RENEWAL FOR DEPLOYED MILITARY PERSONNEL

State statute 41.950 states:

“1. Any resident of this state who is a member of the national guard or of any reserve component of the armed forces of the United States or who is a member of the United States Army, the United States Navy, the United States Air Force, the United States Marine Corps, the United States Coast Guard or an officer of the United States Public Health Service detailed by proper authority for duty with any branch of the United States armed forces described in this section and who is engaged in the performance of active duty in the military service of the United States in a military conflict in which reserve components have been called to active duty under the authority of 10 U.S.C. 672(d) or 10 U.S.C. 673b or any such subsequent call or order by the President or Congress for any period of 30 days or more shall be relieved from certain provisions of state law, as follows:

(4) Any person enrolled by the supreme court of Missouri or licensed, registered or certified under chapter 168, 256, 289, 317, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 375, 640 or 644, RSMo, whose license, registration or certification expires while performing such military service, may renew such license, registration or certification within 60 days of completing such military service without penalty;”

A nurse is licensed under chapter 335. If a nurse does not renew his/her license due to deployment, the nurse may renew his/her license without penalty if the license is renewed within 60 days of completing military service. When the nurse returns from military service, we ask that the nurse provide evidence of their service (including dates) for verification that they meet this exemption.

VERIFY LICENSES AND CURRENT DISCIPLINE ONLINE

You can verify a nursing license at <http://pr.mo.gov>. Click on LICENSEE SEARCH. You can search by name or license number. The search results will show the licensee’s name, city, state, original issue date, expiration date and whether there is any discipline currently on the license.

WHAT IS PUBLIC INFORMATION?

In accordance with Section 620.010.14(7), RSMo, the **only** information regarding an applicant/licensee that is public includes:

- Name (including maiden name and previous names);
- Address;
- License type, license number, dates of issuance and expiration date;
- License status (i.e. current, inactive, lapsed, surrendered or no license issued);
- License certifications and dates (e.g. IV Certified); and
- Disciplinary action taken against a license (i.e. censure, probation, suspension, revocation).

The above is the only information that may be released to the public, including family members, employers and the media.

Confidential information in an applicant/licensee’s file may only be released under the following circumstances:

- With the written authorization of the applicant/licensee;
- Through the course of voluntary interstate exchange of information with other boards of nursing;
- Pursuant to a court order; or
- To other administrative or law enforcement agencies acting within the scope of their statutory authority.

Occasionally, a caller might want to verify a licensee/applicant’s date of birth or social security number. A licensee or applicant’s date of birth and/or social security number is not public information and therefore cannot be verified by our office unless we are provided with a signed release from the licensee/applicant.

MISSOURI NURSING PRACTICE ACT AVAILABLE ONLINE

You may view the Missouri Nursing Practice Act on our Web site at <http://pr.mo.gov>. Click on Nursing Practice Act.

COMMONLY ASKED LICENSURE QUESTIONS

Where do I call to verify a Certified Nurse Assistant (CNA) or Certified Medical Technician (CMT)?

Contact the Division of Aging at (573) 526-5686.

Where do I call to verify an Emergency Medical Technician (EMT)?

Contact the Bureau of Emergency Medical Services at (573) 751-6356.

What is the process for the Board to endorse my license to another state?

You must contact the state board of nursing where you want a license and request an application for licensure. Contact information for boards of nursing can be found at

Licensure cont. from pg. 9

http://www.ncsbn.org/public/regulation/boards_of_nursing_board.htm. At the time you apply for licensure in another state, that Board will give you a Nursys verification or you can download the form from <http://www.ncsbn.org/public/regulation/res/verification.pdf>. Complete your part of the form and send it to the address indicated on the form with a **\$30.00 money order**.

VERIFICATION OF A LICENSE

You can verify licenses on-line at <http://pr.mo.gov>. Click on LICENSE SEARCH. You can search by name or license number. The search results will display the licensee's name, city, state, license number, original license issue date and license expiration date.

If you have a list of nurse licenses that you would like verified, you can send the list to our office electronically. We will match the list with our database and send the results back you electronically. Your list needs to be an Excel document or a text file (tab or comma delimited). It should contain the nurse's name and license number. E-mail the list to nursing@mail.state.mo.us

In order to verify licensure, ask to see an original current Missouri license or temporary permit before the employee reports to orientation. A temporary permit will have a raised Board seal. A license will have the expiration date, profession and license number. The license number

could be the profession code (RN or PN) followed by a 6-digit number or a 10-digit number, which consists of the year the license was issued followed by a 6-digit number. Example of a 6-digit license number could be RN060619. An example for the 10-digit license number is 2000134178. When requesting verification from our office, you must provide the complete license number, which includes the year of license.

The name, address and licensure status of all currently licensed nurses is public information. If you have any questions, please call the Board office or use the Web to verify credentials **before hiring**. Our office is staffed Monday through Friday from 8 a.m. to 5 p.m., excluding state holidays. You may also reach our office by:

- Fax at (573) 751-6745 or (573) 751-0075
- Phone at (573) 751-0681
- e-mail at nursing@mail.state.mo.us
- Online License Search at <http://pr.mo.gov>.

Graduate Nurse Practice



THE RULE

State Regulation 4 CSR 200-4.020 (3) reads: "A graduate of a nursing program may practice as a graduate nurse until s/he has received the results of the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever occurs first."

Missouri does not issue a graduate temporary permit, however, if the individual qualifies s/he may practice as a graduate nurse under 4 CSR 200-4.020 (3).

The graduate must cease practice as soon as s/he fails the

exam or ninety (90) days after graduation, whichever is first.

We recommend that you have the graduate sign an *Authorization to Release Confidential Information* form so we may provide you with periodic updates on the person's exam and licensure information. A sample authorization form is included with this article.

AFTER THE EXAMINATION

Graduates applying for an original license by exam in Missouri will be licensed automatically upon receipt of passing results provided all other licensure requirements are met. When results are received, the successful candidate will be sent the results and a "pass" letter authorizing the person to practice until the license is received.

There is a thirty (30)-day grace period for graduates who have successfully passed the first available licensing examination in another state following graduation to obtain a temporary permit or license in Missouri after the graduate has received his/her results. Graduates applying for endorsement to Missouri should begin the Missouri licensure process immediately following graduation. As soon as the graduate receives passing results, the graduate should forward a copy of the results to our office so we can issue a temporary permit. A temporary permit cannot be issued until another state has issued the applicant the authority to practice in that state.

ABOUT ORIENTATION

Orientation is considered to be employment. Any nurse in orientation must have either a valid Missouri temporary permit or current Missouri license. The only exception to this policy is if the nurse is practicing under an exemption as listed in Chapter 335.081 of the Missouri Nursing Practice Act or under State Regulation 4 CSR 200-4.020 (3).

PROPER SUPERVISION

According to 4 CSR 200-5.010 (1), proper supervision is defined as, "the general overseeing and the authorizing to direct in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluation."

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

(Print Legibly in Black Ink)

I, _____, hereby authorize the MISSOURI STATE BOARD OF NURSING to release any and all information regarding my licensure and exam application status as a Licensed Practical Nurse/Registered Professional Nurse to my employer, _____, and/or their representatives.

This release authorizes the Missouri State Board of Nursing to release the following information: my name, address, nursing school name, graduation date, eligibility status, test appointment date, date exam was taken, whether or not I took the exam and my exam results.

A copy of this authorization will be considered as effective and valid as the original.

Date

Applicant's Signature

Applicant's Printed Name

Applicant's Social Security Number

Fax to the Missouri State Board of Nursing at (573) 751-6745

Coming in 2004 to a Location Near You!

Seminars presented by the Missouri State Board of Nursing Staff and Board Members
LEARN ABOUT NURSING REGULATIONS AND HOW THEY AFFECT YOU
ACT NOW & SAVE!
Student Group Rates Available!
Earn Continuing Education Units
Sponsored by the Missouri League for Nursing

MISSOURI STATE BOARD OF NURSING REGULATIONS –The Impact It Has on You
(6 contact/5 clock hrs.)
CE Approval Codes: RN, LPN, VTC

PURPOSE: To provide informational sessions regarding the functions and role of the Missouri State Board of Nursing (MSBN) and how these functions impact nurses in all types of nursing service settings. This workshop will also seek attendee input on how the Board can improve public protection through nursing regulation.

OBJECTIVES:

1. Explain the regulatory functions of the MSBN and how to impact decisions made by the MSBN and legislators.
2. Compare and contrast the current licensure model and the nurse licensure compact.
3. Discuss the complaint/investigation process, license discipline causes, and the discipline process.
4. Define the mandatory reporting rule.
5. Discuss the Board’s role in regulating nursing programs.
6. Develop a plan to verify licenses and different licensure methods.
7. Distinguish between the practice of LPN’s, RN’s, and APRN’s.
8. Recognize the MSBN’s role and authority in nursing practice issues.
9. Discuss public protection through nursing regulation.

PROGRAM: *8:30 a.m. Registration, 9 a.m.—3:45 p.m. Program*
• Missouri State Board of Nursing and What They Do
• Legislative Requests and Working Relationships with Legislators
Nurse Licensure Compact, APRN, Pending Legislation, Influencing Legislation
• Reporting and Investigating Complaints
Filing a Complaint, A Complaint Filed Against Me, Investigative Process

- Overview of Discipline Process
Mandatory Reporting Rule—What It Is, Review Process, Discipline, and Case Studies
- Overview of Education Authority
Approval Authority, Publishing Companies, Distance Learning
- Overview of Licensure Process
Maintaining Licensure—Verifying License, Background Checks, Licensure Exam, Online Renewal
- A Foundation for Safe Practice
Advanced Practice, Web Site Review, Request a Board Opinion, Employee/Employer Relationships
- Dialogue with the Board (panel will be available to answer questions)

SPEAKERS: **Lori Scheidt, BS**, Executive Director; **Quinn Lewis, BS**, Investigations Administrator; **Liz Cardwell, RN, MEd, LPC, LCSW**, Discipline Administrator; **Marilyn Nelson, RN, MA**, Education Administrator; and **Kathy Tucker**, Licensing Supervisor, are all employees of the Missouri State Board of Nursing and will be speaking at each site. MSBN Board members will also present and will vary at each location.

DATES AND LOCATIONS:
February 12 **Springfield**
Clarion Hotel, 3333 S. Glenstone
(enter through Conference Center)
February 13 **Kansas City**
Saint Luke's Northland Hospital,
Barry Medical Park Conference Center,
Auditorium, next to hospital,
5844 N.W. Barry Rd, (take Exit #8 off
I-29 and proceed east)

March 25 **Kirksville**, Days Inn of Kirksville,
Hwy. 63 South (Harvey Room)
March 26 **Jefferson City**
Capital Region Medical Center –
Southwest Campus,
Southwest Conference Rm.
(enter through Cancer Center),
1432 Southwest Boulevard
April 7 **Cape Girardeau**, Cape Girardeau
Career & Technology Center
1080 S. Silver Spring Road
(Multipurpose Room, #110)
April 8 **St. Louis** (St. Peters)
St. Charles Community College
Student Center, Rooms 205-206
4601 Mid Rivers Mall Dr. (Take the
Mid Rivers Mall Dr. exit off I-70,
turn south, park in green lot)

Registration Fees: (payable to Missouri League for Nursing)
MLN Associate Member \$55
MLN Agency Member \$55
Non Member \$85
Program & 1 Year MLN Associate Membership \$95
Program & 1 Year MLN Agency Membership \$205
On Site Registration, Additional \$15
For School discounts please contact MLN
For more information, contact the Missouri League for Nursing at (573) 635-5355 or visit their Web site at www.monursing.org.

New Board Member



Suter

We are pleased to announce the appointment of Cynthia A. Suter, BS, JD, to the Board of Nursing. Governor Bob Holden appointed Ms. Suter on October 23, 2003, as the Public Member of the Board of Nursing. She graduated from Moberly Junior College, Northeast Missouri State University (now Truman State University) and the University of Missouri at Kansas City.

Ms. Suter is an attorney and has practiced in Moberly, Missouri, since 1973. She was married to William Phillip Crayne, who graduated with a Master’s in Counseling from Northeast Missouri State University. Mr. Crayne died in November 1999.

Cindy resides in Moberly and is a member of the Randolph County Bar Association (past president), the Missouri Bar, Missouri Bar Committees, including the

Family Law Committee and the Lawyers Assistance Committee and the Supreme Court Intervention Committee. She also serves on the Randolph County Community Daycare Board (past president), the Medical Advisory Board of the Moberly School Board, IOLTA (which oversees funds for the Missouri Bar), and is a Disciplinary Hearing Officer for the Missouri Supreme Court Advisory Committee, a trained mediator, a member of the Randolph County American Cancer Gift and Bequest Board and the Randolph County Juvenile Court Advisory Board. She is also a former member of Safe Passage Board of Directors (shelter for abused and battered women in Moberly, Missouri).

Cindy formerly practiced with the Popham Law Firm in Kansas City, Missouri, and worked for the Environmental Protection Agency Enforcement Unit from 1973-1974. She is currently a partner in the firm of Schirmer & Suter.

Cindy said she was “honored to be appointed to this Board and hopes that she can be of assistance to the Board.”

For relaxation she enjoys reading and traveling.

Welcome to the Board, Cindy!

Citizen Advocacy Center Continues to Endorse the Nurse Licensure Compact Model

In 1998, the Citizen Advocacy Center (CAC) applauded the nursing regulatory community, led by the National Council of State Boards of Nursing, as “refreshingly forward-looking” in their response to adapting to “the needs of a health care marketplace that is increasingly national. The rapid growth of telehealth challenges all professional licensing boards to deal with practice that crosses state lines. The high degree of mobility among all Americans means that health care professionals want to be able to move from state to state and practice without unduly burdensome licensure requirements. One can see that licensing boards face a tremendous challenge to develop effective regulatory policies that neither stand in the way of the benefits of developing technology, nor impose unjustifiable barriers to professional mobility.”

CAC believes “the mechanism to accomplish” meeting the challenge described above is an interstate compact. Their editorial states, “The goals (of the compact) are straightforward: to allow a state-based system of licensure and discipline to continue to operate, and to expand consumers’ access to safe and qualified nurses.” Today, CAC’s position remains the same. They continue to applaud the Mutual Recognition Model and encourage additional states to sign on.

The Citizen Advocacy Center is located in Washington, D.C., and provides training, research, conferences and networking for health care institutions’ public members and consumer representatives. These institutions include professional licensing boards, managed care plan boards and advisory committees, Quality Improvement Organizations, and other health care oversight bodies. Created in the mid-1980s, CAC incorporated in January 1994, and is a not-for-profit 501(c)(3) organization.

The following chart provides a comparison of the current system to the mutual recognition model.

Current Model

Initial Licensure

1. Apply and pay fee to state where expect to practice.
2. Comply with state requirements (not uniform).
3. Practice only in state(s) where licensed; accountable for state’s laws.

Change to New State

1. Apply per time frame specified by new state and pay fee. Must meet state’s requirements for licensure. Issued by endorsement in new state.
2. Licensee may hold multiple licenses.

Renewal

1. Submit application and fee to state.
2. Renew in every state where license is held.
3. Receive licenses/registration with new expiration date.

Lapse/Re-entry/Reinstate

1. Apply to state, according to state’s laws.
2. Inactive status depends on laws of state of licensure.

Discipline

1. Action by state where patient was (or incident occurred, if no patient).
2. Standards used are those of disciplinary state.

Mutual Recognition

Initial Licensure

1. Apply and pay fee to state of residence (home state).
2. Comply with state requirements (not uniform).
3. Practice in any compact state, acknowledging accountability for each state’s laws.

Change to New State

1. Apply to new state of residence and pay fee. Must meet new state’s requirements for licensure. Issued by endorsement by new state.
2. Relinquish old state license. Central database updated to reflect one license in new state. Licensee holds only one registered nurse and/or licensed practical/vocational nurse license at a time.

Renewal

1. Submit application and fee to state.
2. Renew in every state where license is held.
3. Receive license/registration with new expiration.

Lapse/Re-entry/Reinstate

1. Apply to state, according to state’s laws.
2. Inactive status depends on laws of state of licensure.

Discipline

1. Licensure action taken only by state of licensure, regardless of where patient was or incident occurred. Information is exchanged between states as provided in compact. “Practice state,” where incident occurred, may apply non-licensure penalties such as fines or cease-and-desist orders.
2. Standards used are those of disciplinary state.

The Nurse Licensure Compact has been introduced in Missouri as Senate Bill 1127 by Senator John Cauthorn.

The NCLEX-RN® Examination Passing Standards Revised for Public Safety

DECEMBER 11, 2003, Chicago, IL.—The National Council of State Boards of Nursing, Inc. (NCSBN) voted at its December 2-4, 2003, meeting to raise the passing standard for the NCLEX-RN® examination, the National Council Licensure Examination for Registered Nurses. The new passing standard is -0.2800 logits on the NCLEX-RN logistic scale, 0.070 logits higher than the previous standard of -0.3500. The new passing standard will take effect on April 1, 2004, in conjunction with the new 2004 NCLEX-RN Test Plan.

NCSBN increased the passing standard in response to changes in U.S. health care delivery and nursing practice that have resulted in the increased acuity of clients seen by entry-level RNs. After considering all available information, the Board of Directors determined that safe and effective entry-level RN practice requires a greater level of

knowledge, skills, and abilities than was required in 1998, when NCSBN established the current standard.

The NCSBN Board of Directors used multiple sources of information to guide its evaluation and discussion regarding the change in passing standard. As part of this process, NCSBN convened an expert panel of nine nurses to perform a criterion-referenced standard setting procedure. The panel's findings supported the creation of a higher passing standard. NCSBN also considered the results of a national survey of nursing professionals including nursing educators, directors of nursing in acute care settings, and administrators of long-term care facilities.

In accordance with a motion adopted by the 1989 Delegate Assembly of the NCSBN, the NCSBN Board of Directors evaluates the passing standard for the NCLEX-RN examination every three years to protect the public by ensuring minimal competence for entry-level RNs. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan content evaluation, conducted using a practice analysis of entry-level RNs. This three-year cycle was developed to keep the test content and passing standard current with entry-level practice. The 2004 NCLEX-RN Test Plan is available now free of charge electronically for download or in hard copy for purchase via the NCSBN Web site.

General information regarding NCSBN and the NCLEX examination program is at: <http://www.ncsbn.org/>.

Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

Vision: Building regulatory expertise worldwide.

Summary of Actions - December 2003 Board Meeting

Administrative Matters
New Public Board Member, Cynthia A. Suter, B.S., J.D., was welcomed to the Board. The dates for the March 2004 and December 2004 meetings were rescheduled. The new dates are March 10-12, 2004, and December 8-10, 2004. The 2005 Board meeting dates were scheduled and appear elsewhere in this newsletter.

Education Matters
Student Enrollment Increases
Crowder College, ADN Program #17-410 – request to increase student enrollment from 85 to 90 was approved.
Rolla Technical Institute, PN Program #17-184 – request to increase student enrollment from 32 to 40 was approved.
East Central College/Rolla, ADN Program #17-426 – request to increase student enrollment from 16 to 21 was approved.

Curriculum Changes
Saint Luke’s College, BSN Progrm #17-505 – request for curriculum changes was approved.

Relocations
Sikeston Public School, PN Program #17-188 – request to relocate from 1002 Virginia to 135 Plaza Drive, Suite 201 was approved.

Scholarship Winners Selected
Debra Greek, PN student, and Jessica Hawkins, RN student, were selected as recipients of the Arthur L. Davis Scholarship Award.

The following items were reviewed and accepted:
Five Year Surveys – 4
Initial Surveys – 1
BSN & Diploma Programs Annual Reports – 21

Discipline Matters
The Board held nine disciplinary hearings and nine violation hearings.
The Discipline Committee reviewed 133 RN cases, 96 PN cases, 16 Litigation items and 27 disciplined licensee-meeting reports.

Licensure Matters
The Licensure Committee reviewed 20 applications. Results of reviews as follows:
Applications approved – 8
Applications approved with probated licenses – 5
Applications tabled – 2
Applications denied – 3
Request for test accommodations – 1
Referral to Investigations – 1

Practice Matters
The Title Guidelines were revised to include a statement directly from the titling rule and language that recommends the APRN contact his/her certifying body for direction.

SCHEDULE OF BOARD MEETING DATES THROUGH 2004

March 10-12, 2004

June 9-11, 2004

September 1-3, 2004

December 8-10, 2004

March 9-11, 2005

June 8-10, 2005

September 7-9, 2005

December 7-9, 2005

All meetings will be held at the Harry S. Truman State Office Building, 301 West High Street in Jefferson City, Missouri.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102, or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Dates, times and locations are subject to change. Please contact the Board office for current information.

Note: Committee Meeting Notices are posted on our Web site at
http://pr.mo.gov

NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI

As of January 6, 2004

Profession	Number
Licensed Practical Nurse	23,531
Registered Professional Nurse	74,479
Total	98,010

IMPORTANT TELEPHONE NUMBERS

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700

DISCIPLINARY ACTIONS**

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621 , RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number.

INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions of the Nursing Practice Act that were violated and a brief description of their conduct.

Name	License Number	Violation	Effective Date of Restricted License
John Goodman Kirksville, MO	PN2003004631	Section 335.066.1 and .2(1) and (14), RSMo 2000 On 5/20/02, Licensee was treated for chemical dependency. Prior to treatment, licensee misappropriated Ultram, Ambien and Restoril.	3/7/2003 to 3/7/2005
Susan Kathleen Kimble Baring, MO	PN2003028049	Section 335.066.1 and .2(2), RSMo 2000 On 10/16/00, Licensee pled guilty to one count of stealing. On 5/2/02, Licensee pled guilty to one count of tampering with a motor vehicle.	11/12/2003 to 11/12/2006
Kristina Amanda Pflasterer Elsberry, MO	PN2003025235	Section 335.066.1 and .2(2), RSMo 2000 On 8/14/01, Licensee pled guilty to one count of unlawful possession of a controlled substance.	10/7/2003 to 10/7/2006
Earl E. Rogers Fayetteville, AR	RN098093	Section 335.066.1 and .2(2), RSMo 2000 On 12/14/01, Licensee pled guilty to one count of driving while intoxicated first offense, one count of possession of a controlled substance, and one count of possession of an instrument of a crime (marijuana).	9/18/2003 to 9/18/2005
Maryon Michele Webb Louisiana, MO	PN2003024930	Section 335.066.1 and .2(2), RSMo 2000 In 7/95 and 2/01, Licensee pled guilty to possession of a controlled substance. In 4/01, Licensee’s criminal probation was revoked. In 7/03, Licensee’s criminal probation was reinstated.	10/2/2003 to 10/2/2004

CENSURED LIST

Name	License Number	Violation	Effective Date of Censured License
Julie Ann Aucar Columbia, MO	RN2000169725	Section 335.066.2(5), (6), and (12), RSMo 2000 From 9/16/02 to 2/25/03, Licensee practiced as an advanced practice nurse without recognition from the Missouri State Board of Nursing.	Censure 10/23/2003
Sandy M. Baker Saint Louis, MO	RN133081	Section 335.066.2(5), (6), and (12), RSMo 2000 From 5/1/01 to 12/9/02, Licensee practiced as a registered professional nurse on a lapsed license.	Censure 10/24/2003
Sharon Ann Bosworth Overland Park, KS	RN2000149789	Section 335.066.2(5) and (12), RSMo 2000 On 5/18/01, Licensee administered a newly ordered medication to a resident but charted the medication as being wasted. Licensee directed nurse assistants to check blood sugar levels of patients.	Censure 11/8/2003
Glen E. Cooper Cameron, MO	PN058755	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 In 6/02, Licensee misappropriated approximately four pills of Vicodin and Darvocet from the facility, for his personal use and consumption.	Censure 10/21/2003
Pamela K. Daniels Cape Girardeau, MO	RN134592	Sections 335.066.2(1), (5), (12), and (14), RSMo 2000 On 10/1/02, Licensee possessed and consumed marijuana.	Censure 11/28/2003
Vivian G. Davis Laclede, MO	PN039974	Section 335.066.2(5) and (12), RSMo 2000 Licensee forced a resident to drink his medication and verbally abused a resident on more than one occasion.	Censure 10/23/2003
Anna L. Henry Versailles, MO	PN057005	Section 335.066.2(5) and (12), RSMo 2000 Licensee clocked in and received report for her assigned area. At approximately 3:15 p.m., Licensee abandoned her position without prior notice, and left the facility without giving report.	Censure 9/19/2003
Angela C. Hodges Memphis, TN	RN2002025404	Section 335.066.2(5), (6), and (12), RSMo 2000 On 3/10/02, Licensee's temporary permit expired. From 3/10/02 through 8/18/02, Licensee practiced as a registered professional nurse on a lapsed license.	Censure 11/4/2003
James L. Shafer Jackson, MO	RN143088	Section 335.066.2(5) and (12), RSMo 2000 On 3/20/01, while on duty, Licensee was witnessed by two different staff members signing a patient's signature on a consent to treatment form.	Censure 10/18/2003
Sharon A. Smith Chesterfield, MO	RN048154	Section 335.066.2(6), RSMo 2000 From 10/17/02 through 9/13/02, Licensee practiced as an advanced practice nurse without recognition from the Missouri State Board of Nursing.	Censure 8/14/2003

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Joyce A. Arrowood Fulton, MO	RN112173	Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000 On 11/25/02, Licensee pled guilty to two counts of endangering the welfare of a child, a Class D felony.	11/17/2003 to 11/17/2008
Theresa A. Bass Imperial, MO	RN113251	Section 335.066.2 (1), (5), (12), and (14), RSMo2000 In 9/01, licensee misappropriated Fentanyl Citrate for her personal consumption.	10/16/2003 to 10/16/2008
Janice L. Beckers Nixa, MO	RN147984	Section 335.066.2 (5) and (12), RSMo 2000 Licensee failed to document the Morphine and Percocet with-drawn as being administered to the patients.	9/9/2003 to 9/9/2004
Kelly S. Bracken Rolla, MO	RN104629	Section 335.066.2 (1), (5), and (12), RSMo 2000 On 10/16/01, while on duty, Licensee reported consum-ing alcohol to an extent that such use impaired his abili-ty to perform his work. On 10/16/01, Licensee submit-ted to a breath test, which tested positive for alcohol.	9/24/2003 to 9/24/2005
Terri Ann Coburn Troy, MO	RN2001019259	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 Licensee misappropriated Demerol and Morphine, from her employer, for her personal consumption. In 11/02, Licensee submitted to a drug screen, which was positive for Demerol and Morphine. On 1/3/03, Licensee submit-ted to a drug screen, which was positive for alcohol.	12/2/2003 to 12/2/2006
Kimberly B.L. Conway Chesterfield, MO	RN106818	Section 620.153, RSMo 2000 Licensee violated the terms of her disciplinary agreement by not submitting required documentation. On 8/30/02, Licensee possessed and con-sumed Meperidine; Licensee submitted to a drug screen which tested positive for the presence of Meperidine.	11/17/2003 to 11/17/2006
Jennifer S. Courtois Keokuk, IA	RN153098	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 On 1/7/03, Licensee submitted a handwritten statement to the Board indicating that she had misappropriated vials of Demerol, Morphine, and Valium and replaced the contents with saline solution.	11/4/2003 to 11/4/2006
Amy Lucille Dudley Saint Joseph, MO	PN2001020645	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 On 10/28/02, 11/6/02, and 1/28/03, Licensee possessed and consumed cocaine. Licensee submitted to urine drug screens which tested positive for the presence of cocaine.	12/2/2003 to 12/2/2008
Dawn R. Barnes-Eenhuis Unionville, MO	RN133348	Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000 Licensee’s North Dakota nursing license was sus-pended for one year; Licensee’s conduct was a viola-tion of the Missouri drug laws.	11/17/2003 to 11/17/2006
Barbara A. Ghys Springfield, MO	RN092759	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 Licensee admitted to misappropriating Demerol for her personal consumption.	9/9/2003 to 9/9/2006
Deborah K. Gravemann Saint Charles, MO	RN128343	Section 620.153, RSMo 2000 Licensee violated the terms of her Settlement Agreement by misappropriat-ing Morphine and Fentanyl. Licensee submitted urine drug screens on 6/25/01, which were positive for Fentanyl and Morphine.	11/7/2003 to 11/7/2007
Roger E. Ginter Boonville, MO	RN122687	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 From 7/21/02 to 8/7/02, Licensee misappropriated Oxycodone, Roxicet, Percocet, and Morphine Sulfate from his employer.	10/30/2003 to 10/30/2008
Lesley A. Grimm Saint Charles, MO	RN142447	Sections 335.066.2(1), (5), (12), and (14), RSMo 2000 Licensee misappropriated Percocet for her own personal consumption. On 7/12/02, License consumed a Xanax tablet while on duty.	11/25/2003 to 11/25/2006
Paul J. Halliday Blue Springs, MO	RN106401	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 On 10/16/02, Licensee misappropriated Fentanyl for his personal consumption.	11/4/2003 to 11/4/2008
Karen E. Higman Bedford, TX	RN124286	Section 621.110, RSMo 2000 and Section 335.066.3, RSMo 2000 From 5/8/00 to 10/4/00, Licensee misappropriated Demerol from a dispensing unit for her personal con-sumption. Licensee’s Vermont nursing license was revoked in 3/01.	11/17/2003 to 11/17/2006
Jennifer A. Hodges Saint Charles, MO	RN148342	Section 620.153, RSMo 2000 Licensee violated the terms of her disciplinary agree-ment by not attending scheduled meetings and by not submitting required documentation.	11/17/2003 to 11/17/2007
Robin Lorraine Hyrne Kansas City, MO	PN026096	Sections 621.110.RSMo 2000 and 335.066.3, RSMo 2000 On 1/23/02, Licensee submitted to a pre-employ-ment drug screen which tested positive for cocaine.	11/17/2003 to 11/17/2008
Stephen E. Lockett Saint Louis, MO	RN147541	Section 335.066.2(5) and (12), RSMo 2000 On 7/2/02 through 7/3/02, Licensee did not notify the patient’s physician of a change in the patient’s condition, including elevated levels of the patient’s blood sugar.	11/8/2003 to 11/8/2005
Mary S. Mckenzie Webb City, MO	RN113846	Section 335.066.2(8), RSMo 2000 On 3/27/02, Licensee’s Oklahoma nursing license was disciplined.	11/8/2003 to 11/8/2004
Linda M. Merchant Saint Louis, MO	PN032263	Section 335.066.2(2), RSMo 2000 On 4/12/02, Licensee pled guilty to felonious assault in the first degree.	9/9/2003 to 9/9/2004
Steven K. Myler Carrollton, MO	RN149819	Section 335.066.2(2), RSMo 2000 On 9/4/02, Licensee pled guilty to Misdemeanor Endangerment of a Child.	10/4/2003 to 10/4/2006
Timothy Pillen Maryville, MO	RN094277	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 From 12/01 to 5/02, while on duty, Licensee misappro-priated Fentanyl, which he consumed while on duty.	8/14/2003 to 8/14/2007

Probation cont. from pg. 18

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Sara V. Poole Salem, MO	RN138551	Section 335.066.2(5) and (12), RSMo 2000 On 9/13/02, Licensee, while attempting to start an I.V. on an uncooperative patient, grabbed the patient by the shoulders and pushed her back down on the bed. On 9/14/02, Licensee allowed a nursing assistant to dictate when to call a code. Licensee administered 36 units of insulin to the wrong patient.	11/11/2003 to 11/11/2005
Anthony F. Powell Pacific, MO	RN090362	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 From 6/02 through 8/21/02, Licensee misappropriated Morphine and Vicodin for his personal consumption.	9/20/2003 to 9/20/2007
Mary E. Reifsteck Columbia, MO	PN056848	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 On 3/19/02, Licensee misappropriated Clonazepam, BuSpar, and Haloperidol for her personal consumption.	9/6/2003 to 9/6/2006
Stacy Jo Saffell Godfrey, IL	RN2001020648	Section 335.066.2(5) and (12), RSMo 2000 In 2/02, Licensee did not complete the Code report before leaving the hospital; on 2/6/02, Licensee administered Epinephrine without a physician order to a patient.	12/2/2003 to 12/2/2004
Joyce Schroeder Mount Vernon, MO	PN057874	Section 621.045.3, RSMo 2000 On 1/21/02, Licensee administered approximately 50 units of Humalog Regular Insulin to two employees instead of Influenza vaccine.	12/3/2003 to 12/3/2005
Kathy Denice Smith Springfield, MO	PN2001026758	Sections 335.066.2(2), RSMo 2000 On 3/21/02, Licensee pled guilty to driving while intoxicated.	11/25/2003 to 11/25/2004
Gary Dean Tindle Saint Louis, MO	PN2001026003	Section 335.066.2(2), RSMo 2000 On 8/15/01, Licensee pled guilty to driving while intoxicated. On 3/4/02, Licensee pled guilty to a Class C Felony - possession of a controlled substance.	9/19/2003 to 9/19/2005
Aleta C. Wilson Florissant, MO	PN053717	Sections 621.100, RSMo 2000 and 335.066.3, RSMo 2000 On 7/29/02, Licensee pled guilty to possession of a controlled substance, a Class C felony, and possession of marijuana, a Class A misdemeanor.	11/17/2003 to 11/17/2006
Chad H. R. Witt Jefferson City, MO	PN1999136960	Section 335.066.2(1), (2), (5), (12), and (14), RSMo 2000 On 5/20/02, Licensee misappropriated at least three tablets of Ritalin for his personal consumption and submitted to a drug screen which tested positive for the presence of Ritalinic acid. On 10/15/02, Licensee pled guilty to fraudulently attempting to obtain a controlled substance.	9/20/2003 to 9/20/2008
Gary M. Wood St Charles, MO	RN105269	Section 335.066.2(5), and (12), RSMo 2000 At least 8 occasions, Licensee withdrew Meperidine for a patient without a physician order and/or failed to document the withdrawal, administration and/or wastage of the remaining Meperidine.	9/9/2003 to 9/9/2006

SUSPENSION/PROBATION LIST

Name	License Number	Violation	Effective Date of Suspension/Probation
Timothy G. Barrett Lake Saint Louis, MO	RN127739	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 On 6/18/02, Licensee, in reference to seven patients, failed to document medications and follow physician's orders regarding patient care. On 6/13/02, Licensee consumed Darvocet for which he had no prescription. On 1/15/03, Licensee consumed Morphine while on duty.	Suspension 9/20/2003 to 3/20/2004; Probation 3/21/2004 to 3/21/2008
Terrie Lynn Spence Baxter Springs, KS	PN041599	Section 621.100, RSMo 2000 and 335.066.3, RSMo 2000 Licensee knowingly possessed methamphetamines on an ongoing basis while on duty. On 11/9/01, was asked to submit to a drug screen, which tested positive for cannabinoids. On 12/6/01, while on duty, Licensee knowingly possessed and consumed marijuana, substances containing amphetamines, and opiates. On 12/7/01, Licensee was asked to submit to a drug screen which tested positive for the presence of amphetamines, cannabinoids, and opiates.	Suspension 11/17/2003 to 11/17/2004; Probation 11/18/2004 to 11/18/2009

REVOKED LIST

Name	License Number	Violation	Effective Date of Revocation
Karen A. Byrum Granite City, IL	RN148404	Section 620.153, RSMo 2000 Licensee violated the terms of her disciplinary agree- ment by not attending scheduled meetings and by not submitting required documentation.	11/17/2003
Tyrone D. Fellers Forrest City, AR	PN039730	Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000 Licensee pled guilty and was convicted of sexual contact with a person physically incapable of declining participation in, or communicating unwillingness to engage in, a sexual act.	11/17/2003
Mary K. Frymire Marquand, MO	PN052081	Section 620.153, RSMo 2000 Licensee violated the terms of her disciplinary agree- ment by not attending scheduled meetings and by not submitting required documentation.	11/17/2003
Kathie M. Hoss Steelville, MO	RN096330	Section 620.153, RSMo 2000 Licensee violated the terms of her disciplinary agree- ment by not attending scheduled meetings and by not submitting required documentation.	11/17/2003
Elizabeth Sue Madsen Mercer, MO	RN1999141204	Section 620.153, RSMo 2000 Licensee violated the terms of her disciplinary agree- ment by not attending scheduled meetings and by not submitting required documentation.	11/17/2003
Mary E. Mertz Imperial, MO	PN037977	Section 620.153, RSMo 2000. Mendelsohn v. State Bd. of Registration for the Healing Art, 3 S.W.3d 783 (Mo. banc 1999) Licensee violated the terms of her disciplinary agreement by not attending scheduled meetings and by not submitting required documenta- tion. On 6/20/02, Licensee submitted to a drug screen which tested positive for the presence of Marijuana.	11/17/2003
Harvey W. Moreland Rolla, MO	RN117156	Section 620.153, RSMo 2000 Licensee violated the terms of his disciplinary agree- ment by not attending scheduled meetings and by not submitting required documentation.	11/17/2003
Gail L. Patrick Ballwin, MO	PN058443	Section 620.153, RSMo 2000 Licensee violated the terms of her disciplinary agree- ment by not attending scheduled meetings and by not submitting required documentation.	11/17/2003

VOLUNTARY SURRENDER*

Name	License Number	Effective Date of Voluntary Surrender
Laurie A. Aytes Joplin, MO	PN029023	10/2/2003
Jeff C. Deaton Arvada, CO	RN141619	9/30/2003
Kathryn Lynn Elkins Saint Charles, MO	RN1999135805	9/30/2003
Stephen J. Fitzpatrick Brazil, IN	PN051635	10/10/2003
Meghan M. Giacopelli Washington, MO	RN123347	10/10/2003
James Everett Lewis Springfield, MO	PN1999139693	9/30/2003
Margaret E. Longdon Florissant, MO	RN104391	9/26/2003
Tanya L. Smith St Louis, MO	RN083601	9/15/2003
Gertrude E. Baker- Taylor Valley Park, MO	RN138622	9/15/2003
Tracey L. Tusing Granite City, IL	RN124050	9/15/2003
Carol S. Viehmann Warrenton, MO	RN067123	11/4/2003

**Surrender is not considered a disciplinary action under current statutes.*

DID YOU CHANGE YOUR NAME?
DID YOU CHANGE YOUR ADDRESS?
DID YOU NOTIFY THE MISSOURI BOARD OF NURSING?

4 CSR 200-4.020 (15)(b) (1) says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing..... “ and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change....”

Note: change of address forms submitted to the post office will not ensure a change of address with the Board office. Please use the form or contact information below to notify the board office directly of any changes.

NAME AND ADDRESS CHANGE NOTICE			
1. Is this an address change? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. Is this a name change? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> RN <input type="checkbox"/> LPN		Missouri License Number	
OLD INFORMATION (please print):			
First Name		Last Name	
Address :			
City	State	Zip Code	
NEW INFORMATION (please print)			
First Name		Last Name	
Address(if your address is a PO Box , you must also provide a street address):			
City	State	Zip Code	Telephone Number
Please provide signature:			

Duplicate license instructions:

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure (the wallet size card and/or wall hanging document), and the required fee of \$15.00 for processing a duplicate license.

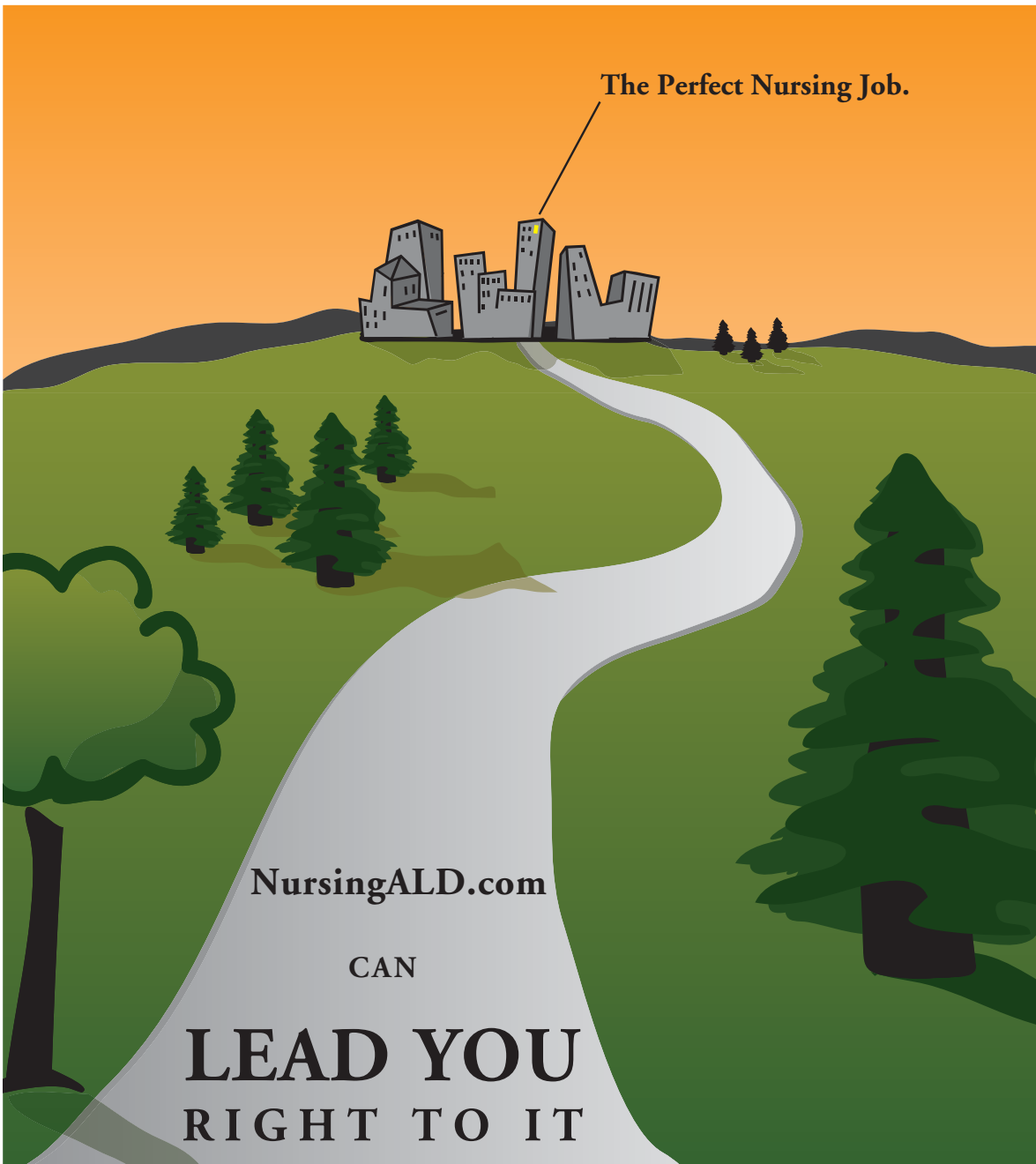
Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?

If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the LICENSURE INFO/FORMS tab on our website at www.ecodev.state.mo.us/pr/nursing.

You may contact our office in one the following manners:

- Internet E-mail: nursing@mail.state.mo.us (address changes only)
- Fax: 573-751-6745 or 573-751-0075
- Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City MO 65102
- Telephone: 573-751-0681 (address changes only)



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